

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 17-APR-2015		TIME 22:53:00		2. ADDRESS OF OCCURRENCE 2138 E 74TH ST CHICAGO, IL 60649		3. LOCATION CODE 304		4. BEAT/OCCUR 0333		
MEMBER INVOLVED	5. POSITION 9161	6. LAST NAME BRUNO	7. FIRST NAME BRENDAN D	8. STAR NO. 16733	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 604	12. HT. 220	13. WT. 220	
	14. DATE OF APPT. 05-OCT-2012	15. EMPLOYEE NO. 003	16. UNIT & BEAT OF ASSIGNMENT 0368D	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
SUBJECT INFORMATION	20. LAST NAME KEMP	21. FIRST NAME JEFFERY	22. M.I.	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B.	26. HT. 508	27. WT. 141		
	28. ADDRESS	29. TELEPHONE NO.	30. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? COOK COUNTY MEDICAL EXAMINER - MOR			34. BY WHOM?		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid				
	36. CHARGES PLACED			37. CB NO. 00000000		IR NO.		DNA		
REASON FOR USE OF FORCE (Check all that apply)	38. PASSIVE RESISTER		39. ACTIVE RESISTER		40. ASSAULT/ASSAULT		41. ASSAULT/BATTERY		42. ASSAULT/DEADLY FORCE	
	SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER		FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER	
WEAPON DISCHARGE INCIDENT	MEMBER'S RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/> OTHER		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER		FIREARM <input checked="" type="checkbox"/> OTHER	
	43. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		44. ADDITIONAL INFORMATION THE OFFENDER POINTED A SEMI-AUTOMATIC PISTOL AT THE R/O.		45. POSITION		46. STAR NO.		47. UNIT	
CASE INFO.	48. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		49. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		50. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		51. WEATHER CONDITIONS CLEAR			
	52. MAKE/MANUFACTURER SMITH & WESSON -JIS-(BODYGUARD,CHIEF SPECIAL)		53. MODEL M&P		54. BARREL LENGTH 4.0		55. CALIBER/GAUGE 9 MM			
SIGNATURES	56. TASER DART ID NO.		57. WEAPON SERIAL No. (Include Letters) HAE8653		58. CHICAGO GUN REG. NO. R028585S		59. IL FIREARM OWNER ID NO.		60. HANDGUN CERTIFICATE NO.	
	61. SPECIAL WEAPON CERTIFICATE NO.		62. PROPERTY INVENTORY NO		63. TYPE OF AMMUNITION USED Department issued		64. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		65. TOTAL NO. OF SHOTS MEMBER FIRED 2	
SIGNATURES	66. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		67. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		68. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED 0		69. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		70. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	
	71. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		72. SPECIFY METHOD/EQUIPMENT USED TO RELOAD DNA		73. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) SQUAD CAR		74. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input checked="" type="checkbox"/> 04 OVER 15 FT.		75. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	
SIGNATURES	76. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		77. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.		78. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		79. REPORTING MEMBER (Print Name) BRUNO, BRENDAN D		80. STAR/EMPLOYEE NO. 16733	
	81. SIGNATURE 18-APR-2015 03:54:03		82. SIGNATURE		83. DATE REVIEWED 18-APR-2015 04:01:35		84. TIME		85. SIGNATURE	
SIGNATURES	86. REVIEWING SUPERVISOR (Print Name) LEE PALMER, PATRICK C		87. STAR NO. 2099		88. SIGNATURE		89. DATE REVIEWED 18-APR-2015 04:01:35		90. TIME	

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject deceased.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based upon the information available at the time of this report, it is the preliminary determination of the Undersigned that Officer Brendan BRUNO #16733 acted in compliance with Department policy. Officer Bruno fired his weapon in fear of his life after offender KEMP, Jeffery IR#1903460, pointed his weapon at Officer Bruno and Officer Jason STREEPER #13704, thus placing the officers in fear of their lives. Log Number 1074736 was issued for this incident. U#015-006.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO 1074736 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

ALEXANDER, DANA

SIGNATURE

DATE COMPLETED

TIME

18-APR-2015 04:26:26

79. TOTAL TRR's THIS EVENT No.

1